

**CRITERIA FOR PRIOR AUTHORIZATION**

Berinert® (C1 esterase inhibitor, human)

**PROVIDER GROUP** Pharmacy  
Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
C1 esterase inhibitor, human (Berinert)

**CRITERIA FOR PRIOR AUTHORIZATION FOR C1 ESTERASE INHIBITOR:** (must meet all of the following)

- Patient must have a diagnosis of Hereditary Angioedema (HAE), with provider submitting documentation that diagnostic testing was completed
- Must be used for the treatment of an acute abdominal, facial, or laryngeal attack of HAE
- Patient must be 6 years of age or older
- Must be administered by a healthcare professional

**LENGTH OF APPROVAL:** 12 months

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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